

xix.

to, on
have
er to

guine

mary-
r the
ee to
n the
Dr.
d J.
reso-
ing.

leep
and
pro-
la-

tile-
of
tile-
Y.
Col.

oth,
Dr.
ano,

st-
Lo-
raf-
D.
eph
ity,
of

the
In-
ter

un-
ill-
C.
un-
of

to-
th

ill-

Y.

id

at
il-
of

THE MEDICAL AND SURGICAL REPORTER.

No. 876.]

PHILADELPHIA, DEC. 13, 1873.

[Vol. XXIX.—No. 24.]

ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE.

BY WILLIAM PEPPER, M. D.,

Lecturer on Clinical Medicine in the University of
Pennsylvania.

REPORTED BY DR. LOUIS STARR.

Diagnosis and Treatment of Mitral Obstruction.

GENTLEMEN:—At the last lecture we were engaged in considering the lesions of the aortic valve; leaving this subject I will next direct your attention to diseases of the mitral valve. This valve is composed of two leaflets, which are brought together, so as to close the left auriculo-ventricular orifice, at each systole of the heart, while during the diastole they are folded backward, allowing the blood to flow freely into the left ventricle.

Mitral lesions are in many respects the most important of all cardiac affections, for when this valve is unsound a vigorous arterial circulation is impossible, and, at the same time, most serious consequences are entailed upon the organs situated behind the heart, as for instance the lungs; you have also seen that in aortic disease no effect is produced upon the general circulation until after the mitral valve has become implicated.

In the majority of instances mitral disease is caused by acute rheumatic inflammation, and originates in early life. This rule, however, is not without exceptions, as its onset is often gradual, depending upon chronic structural change. The results of acute or chronic inflammation affecting the

tissue of the valve are various. In some cases the valve is prevented from closing completely by the growth of vegetations on its edges; in others the leaflets become thickened and contracted, so that they no longer cover their proper proportion of the orifice; and finally the leaflets and chordæ tendineæ may be blended together, forming a sort of funnel with a narrow opening, projecting into the cavity of the ventricle. The first two alterations give rise to valvular insufficiency with regurgitation, while the last condition produces stenosis and retards the passage of the blood from the left auricle.

The murmurs produced by these changes are either most intense at the apex or over the body of the heart below the position of the valve; from here they are transmitted into the left axilla, and around to the angle of the left scapula, but are not carried upward into the arteries of the neck, and are usually heard but feebly at the xyphoid cartilage. As regards time, they may be systolic or presystolic.

A systolic murmur occurs synchronously with the first sound, the apex beat and the carotid pulse, shortly before the radial pulse and after the long silence which comes between the end of the second and the beginning of the first cardiac sound. When presystolic the murmur precedes the apex beat and carotid pulse, but follows the second sound, beginning during the long silence and extending up to the commencement of the first sound of the heart. The reason that it is not heard during the whole of the long silence is because the blood at first flows passively from the auricle, and continues to do so until it fills the ventricle to a certain point, after

which resistance is offered to the further passage of the blood, and an active effort is required on the part of the left auricle for its propulsion. Now it is usually only at this period, when the ventricle is nearly filled, or, in other words, toward the end of the diastole, that the blood is driven with enough force to produce a murmur, if there is any roughness or obstruction at the auriculo-ventricular opening. In some cases of extreme mitral obstruction, however, the murmur may occupy almost the whole presystolic period.

Mitral stenosis produces a murmur which is presystolic or, as it may more properly be called, auriculo-systolic in time; it is peculiar, also, in being more localized than any other organic murmur, in being long, low and churning in character, and usually accompanied by a thrill. With these preliminary remarks I will proceed to the investigation of mitral obstruction, and in order to illustrate this condition I have brought before you a patient in which it exists to a marked degree; his history is as follows:—James —, 17 years of age; is not aware of ever having had acute rheumatism, or inflammation about the chest, and states that he enjoyed good health until five years ago, when he began to have shortness of breath and palpitation of the heart on exertion. These symptoms steadily increased and were subject to exacerbations, which were most severe after exposure to changes in the weather; at such times he also had cough, attended with the expectoration of frothy mucus, which on several occasions was mixed with blood. He frequently had epistaxis, and eight months ago, just before coming into the hospital, he had an attack of hæmoptysis, in which he lost a considerable quantity of blood. He has never had general dropsy or œdema of the feet. At present, though well grown for his age, his muscular system is rather poorly developed, and his general strength below the average. On examining the chest, decided projection of the lower portion of the sternum and of the infra-mammary regions is observed, giving him the appearance of being chicken-breasted. The apex beat of the heart is situated at the upper border of the sixth rib, three quarters of an inch inside of the vertical line of the left nipple; it is rather more heaving and extended than in health, slight pulsation being visible as high up as the fourth interspace. When the hand is placed

on the precordia, in addition to the extended impulse, a distinct thrill is felt between the fifth and sixth ribs; this begins just before, and terminates in, the apex beat, and is most intense over the apex of the heart. The area of cardiac dulness is somewhat increased, extending from the lower border of the third to the upper border of the sixth rib, and from a short distance to the right of the mesial line of the sternum to half an inch inside of the left nipple. On auscultation, a low, coarse, single presystolic murmur can be detected at the apex; from this position it is transmitted one inch and a half to the left, and for a short distance upward over the body of the heart; at the angle of the left scapula posteriorly it can be heard faintly, but is inaudible in the axilla; at the pulmonary and aortic cartilages no abnormal sound can be distinguished. There is some intensification of the second pulmonary sound.

Mitral obstruction, though not so frequently met with as mitral regurgitation, is much more common than you would be led to suppose from the statements made by many authors who have written upon cardiac diseases. It is a chronic affection, and usually originates insidiously in early childhood, while in certain rare cases there is reason to believe that its existence dates to an attack of endocarditis during intra-uterine life. Contraction of the mitral orifice produces extensive dilatation, with slight hypertrophy of the left auricle, followed ultimately by engorgement of the lungs, distention of the right cavities of the heart, obstruction to the systemic venous circulation, and congestion of all the abdominal viscera. The group of symptoms resulting from these alterations comprises palpitation of the heart; dyspnoea; obstinate cough occurring from slight causes, and occasionally accompanied by hæmoptysis, or, if the engorgement of the lungs is excessive, by pulmonary apoplexy; epistaxis; fulness and congestion of the face, and lividity of the hands; dropsy of the lower extremities, and the various manifestations of impeded circulation in the liver, kidneys, stomach and intestines. These latter evidences of general venous congestion may be postponed for a long time, until the cardiac and pulmonary changes are far advanced.

The prognosis as regards duration of life is favorable, the patient living in comfort so long as the power of the left ventricle can be maintained, and the engorgement of the

lungs kept under control. There is no possibility, however, of effecting a cure. Death hardly ever takes place suddenly.

In treating mitral obstruction, we must endeavor to preserve the tonicity of the muscular fibres of the heart, to prevent too rapid and excited contractions of the left ventricle, and to overcome the tendency to pulmonary embarrassment. *Digitalis* fulfills the first indication better than any other drug, and it is important for you to remember that not only in this disease, but whenever you find the cavities of the heart subjected to a continuous overstrain, *digitalis* is the remedy to be employed. The dose for an adult is ten drops of a good tincture, and for a child over ten years of age five or six drops, repeated in each instance four times daily; it should be used steadily and not merely as a palliative when there is palpitation.

Quinia, strychnia and arsenic stand next to this medicine in their power of promoting healthy action of the heart, and together with iron may be used from time to time in addition to *digitalis*, as they all tend to improve nutrition and maintain the tone of the muscular system.

When the contractions of the left ventricle become frequent and excited, tincture of aconite or fluid extract of *veratrum viride* should be given, the proper dose of either of which, for an adult, is three drops three or four times a day, which may be cautiously increased. *Belladonna* may also be employed under these circumstances, either in the form of a plaster applied over the region of the heart or administered internally.

Pulmonary congestion is prevented by keeping up the circulation of the skin by sufficient clothing and moderate exercise. The diet should be plain and unstimulating, and care should be taken to avoid all excitement and over-fatigue, as well as undue exposure to atmospheric changes. Finally, if torpor of the liver, or any functional disturbance of the abdominal organs is present, it must be immediately remedied.

If the lungs have become engorged we may use, according to the condition of the patient, wet or dry cups, with alkaline and stimulating expectorants, such as muriate of ammonia, carbonate of potassa, squills, etc. When there is hæmoptysis the combined employment of ergot and *digitalis* will be followed by marked relief.

COMMUNICATIONS.

CASES AND OBSERVATIONS.

BY RALPH S. GOODWIN,
Of Thomaston, Conn.

Colloid Cancer of the Stomach and Omentum.

CASE I. — Mr. H., a thin, spare man, weight 140, age about 50, was out of health for 18 months previous to death. A distinct tumor appeared in the abdomen a little to the right of the median line, and below the liver, eight months before death. The symptoms of this case were gradual loss of strength, sallowness of the complexion, failure of the appetite, progressive emaciation, and occasional slight nausea, but no vomiting. There was no pain over the seat of the tumor throughout the whole sickness. The tenderness was not great. The growth increased rapidly in size during the last three months, and was of a rounded, irregular shape. The countenance assumed a pale, cadaveric hue, the bowels were torpid, but not entirely inactive. The patient had a slight hacking cough. He was confined to his bed for about one month previous to death. He took no nourishment of any kind during the last week, and died from inanition. The emaciation proceeded to an extreme degree. The diagnosis of this case, during the first ten months of ill health, was very obscure. Loss of strength and failing appetite were at first the sum total of all the symptoms. Even after the tumor had appeared and attained considerable size, no inconvenience was experienced from it, except what was due to its size and weight.

Post-mortem Appearances. — On laying open the abdomen there was seen, lying in the place of the omentum, a large, jelly-like mass, enveloped in delicate, semi-transparent cells, nearly as large as a hazel nut. This mass, weighing nearly two pounds, was easily scooped out by the hands.

The tumor itself was then brought into view, surrounding two-thirds of the stomach, and including that viscus within its interior. It surrounded also the colon to a considerable extent, and extended in all directions in the cavity of the peritoneum. This mass was as large as an adult head, of a dull white color, and of more consistence than the jelly-like substance into which the omentum had been transformed. It offered some resistance to the knife in cutting.

At various points in this growth could be seen cells or cysts filled with the same pale-yellow jelly as in the omentum. The distance through the walls of the tumor into the stomach was about three inches. The cavity was filled with a dark-colored, fetid, grumous liquid. This being removed, the interior of the cavity presented on its walls a honey-combed appearance, and the structure of the stomach proper was entirely obliterated by the heterologous growth. Masses of the same kind of material were found infiltrated in the liver. The mesenteric and meso-colic glands were also involved. It was estimated that the entire mass of diseased growth weighed about twenty pounds. There was very little vascularity in or about the tumor. Ramifications of blood-vessels throughout the growth were notably few and insignificant in size.

The patient, previous to his last sickness, had been for several years subject to repeated attacks of chronic diarrhoea. Aside from this, his antecedent history gives no clue to the cause of his disease. Cancer was not hereditary in his family.

The clinical history and *post-mortem* appearances of this case point unquestionably to its malignant character. The jelly-like masses inclosed in cysts, indicate the colloid variety of cancer, a somewhat rare form. The chief points of interest are the extreme difficulty of diagnosis in such cases, the remarkable absence of pain and tenderness throughout the whole sickness, the absence of vomiting with such an enormous mass surrounding the stomach, and the obscure origin and pathological nature of such a growth.

Epilepsy Induced by a Foreign Substance in the Ear.

CASE II.—Mr. J., aged 22, while cleaning his ear with a broken piece of needle, lost his hold of it, and it escaped into the meatus out of sight. After an ineffectual attempt to remove it, he abandoned the effort, and felt no further inconvenience from it for several months, except an occasional slight pain in the region of the ear.

He was then suddenly seized with a severe paroxysm of epilepsy, succeeded by several subsequent attacks. He, however, recovered from these attacks under the influence of bromide of potassium and the nitrate of silver. Two months later the broken piece of needle made its appearance through the skin on the upper and back part of the

neck, about opposite the middle of the inferior curved line on the occipital bone. It was easily removed by the forceps, and was imbedded deeply in the tissues, in a direction vertical to the surface. It was a little over an inch in length, and is now in my possession. The fact that it was carelessly dropped into the ear is corroborated by the testimony of several witnesses who assisted in the effort to extricate it. The young man has never had an attack of epilepsy since—a period of two years—and had never had one previous to the accident. His hearing is not notably impaired. What route the broken needle took, and in what manner it induced epilepsy, is an interesting subject for speculation. It is also quite remarkable that the organ of hearing was left unimpaired.

TYPHOID FEVER—BRIEF VIEWS OF LESIONS AND TREATMENT.

BY DR. F. S. NEWLIN,
Of Karthaus, Pa.

There are certain general features belonging to all fevers, as chill or rigor, followed by increase of heart's action, increase of heat, etc. The chill or rigor, undoubtedly originates in some impression of a depressing character upon the nerves, most probably upon the great sympathetic and vagus nerves. The diminution of vital nerve-force is followed by increased action of the heart, inducing an increased metamorphosis of the carbonized and nitrogenized material of the blood and tissues, producing increased diminution of carbonic acid gas, by the lungs, and of urea and uric acid by the kidneys and other excretory organs; the balance between the tissue metamorphosis and the excretion of effete material, is not, however, always preserved, and the albuminoid material thrown into the circulation by the rapid tissue disintegration, both prevents due oxidation of the blood in the lungs, and acts as a peccant matter upon the nervous centres, obstructs the capillaries, and induces that condition known as typhoid. The impression upon the nerves may arise from poisonous matter introduced into the circulation from without, or from matter generated within the circulation itself, or the impression may have a local origin from a wound or injury; once the impression is made the depressing influence applied to the nerves controlling the circulating organs, increased heart's action follows, and increased

heat from increased respiration and increased tissue change. Typhoid fever presents, however, distinctive elements that characterize and separate it from other fevers. It has its rose colored spots and sudamina, that cause it to be classed with exanthemata or eruptive fevers, but its most distinctive features are its bowel lesion, its inflammation, ulceration or sloughing of the solitary and agminate glands of the lower portion of the ilium, and extending into the cœcum. Of the functions of these glands involved in typhoid or enteric fever, two views have been entertained; one that their functions are eliminatory, their peculiar secretion accumulating within the glands, which burst at maturity and discharge their contents into the intestine; the other view is that the glands are absorbent, and take up from the chyle their appropriate material. There are several who adopt this view of their absorbent nature, and furthermore suppose that their closer aggregation at the end of the ilium is due to nature's provision for the retention of the chyle at that point, in contact with the greater number of absorbent mouths, by the delaying action of the sphincter ilei.

There are some who maintain that it is right to lock up the bowels and keep them locked up, in typhoid fever, while others maintain that the looseness of the bowels present in most cases of typhoid fever is an effort of nature to throw off by these intestinal evacuations the sloughs and irritant poisons that aggravate the disease by being retained in contact with these glands. The latter views I think to be the most rational, not that I advocate the utility of an exhausting diarrhoea, but I object to the locking process. I furthermore think that cases in which these sloughs are retained in the bowel are more liable to hemorrhage and perforation, the result of the secondary lesion from inoculation by the retained sloughs causing deeper ulcerations of the bowel; but as catharsis in this disease is a delicate operation, easily started but controlled with difficulty, great caution should be exercised in the use of cathartics, and although I coincide with the opposition of the locking process and keeping locked, yet I hold the view that looseness, whether the result of the disease or the action of medicine, is a weakening process, and should be restrained within due bounds in the treatment of fevers; there are certain general reme-

dies applicable in all forms, and special remedies adapted to each disease, and calculated to meet their individual aberrations from health.

If I am called in early to see a case of typhoid fever in its forming stage, I generally prescribe the following, and believe that the disease is generally cut short, or much milder than cases that I did not see in the commencement. To give the medicine a fair trial, for an adult I prescribe:

R.	Quinæ sulph.	grs. x.
	Gelemin.	" iij.
	Podophylin.	" iij.
	Ferri ferrocyanidi	" x. M.

Chart, No. 4. One every four hours. If this does not break it up, I commence general treatment; sponging and the bath to reduce febrile heat are general remedies, applicable in nearly all pyrexias, and suitable stimulants and food for sustaining the heart's action are also general remedies. Among most practitioners alcoholic stimulants are preferred as best sustaining the heart's action, by their absorption into the circulation directly reaching the nervous centres, and also for furnishing carbonized material to the blood for lung combustion, thus sparing the fat and tissues of the body, and further for their stimulant action upon the blood-vessels, helping to prevent or overcome capillary obstruction and stasis. Turpentine is also a valuable stimulant, especially with regard to preventing and overcoming capillary obstruction, but it is so valuable as an eliminating diuretic, as well as an anti-spasmodic, relieving the irregular contractions of the bowels, and attendant pains, that its stimulant power is often overlooked.

Appropriate food is another general remedy; in the choice of diet three things are to be kept in view; first, the powers of digestion are enfeebled; we must, therefore, choose nutriment easy of digestion. Next the blood is loaded with albuminoid material from tissue degeneration, therefore the diet should not be too highly nitrogenized, lest we add to the offending material in circulation, and increase the labors of the secretory organs. Third, the bowels are sore and irritable, therefore the food should be bland; and again, the ileo-cœcal sphincter is ordinarily in an irritable or inflamed condition, and the opening from the ilium into the cœcum narrowed, therefore the diet should be fluid. Therefore milk commends itself

as a highly valuable article of diet, being fluid, easy of digestion, and not too highly nitrogenized. Latterly glycerine has been introduced to the British professional public as a valuable article in the treatment of typhoid fever. It commends itself as being nutritious, bland, antiseptic, alterative, containing no nitrogen, and preserving its fluidity throughout the process of digestion. I can add my testimony to its value, having used it with advantage in my own practice. In typhoid as in other fevers eliminatory remedies, as cathartics, diuretics, sudorifics, etc., have their uses; cathartics, as I have already remarked, should be used with great caution in typhoid fever, owing to the predisposition to diarrhoea already existing in most cases of the disease. Diuretics are of great value; turpentine holds in my estimation the highest place, not only possessing diuretic properties of a high order, but controlling the pain and irregular spasmodic action of the bowels, preventing and overcoming capillary engorgement and stasis. Conjoined with the above remedial agents I make use of chlorate of potash and chlorine, for their known action in exciting secretion, keeping the tongue and mouth moist and free from sordes, thereby relieving thirst, promoting the patient's comfort and facilitating the act of swallowing, also for the well known disinfecting properties of chlorine and its destructive influence upon the lower forms of vegetable and animal life. I will here introduce a favorite formula that I have used with success in the treatment of typhoid fever:—

R	Chlorate of potash	ʒi.
	Hydrochloric Acid	ʒi.
	Distilled water	ʒiij.
	Shake and add	
	Glycerine	ʒv.

Keep in the dark. Dose for an adult, one each day, every two, three or four hours, with the following:—

R	Quiniae sulph.	grs. x.
	Ferri ferrocyan.	" x.

Triturate and form.

Chart No. 10. One every four or six hours throughout the disease, with sponging, beef tea as prepared by Liebig, extract meat, with milk punch, combining food and stimulant. I have not only conducted cases with comparative comfort to the patient to a successful termination, but have thought that the period of the pyrexia has been shortened. The course of treatment I have adopted and

found satisfactory is as follows: Should the diagnosis be typhoid fever, the treatment is begun by a warm bath or sponging of the surface, followed by

R	Quiniae sulph.	grs. x.	
	Ferri ferrocyan.	" x.	
	Gelsemin	" iij.	
	Podophyllin	" iij.	M.

Chart No. 4. Dose, one chart every four hours, and immediately after the last chart is given the patient is put upon the use of the glycerine and chlorine mixture, and a strictly fluid diet generally: beef tea and milk. Should pain in the bowels supervene, turpentine, 10 or 15-drop doses, in mucilage of gum acacia, or dropped on sugar, at short intervals; and poultices are applied to the abdomen, with a little turpentine mixed in the poultices, until relief is afforded. Turpentine is also given in the same doses as an eliminatory diuretic, especially when the urine is scanty and micturition difficult or painful. When stimulation becomes necessary, it is carried out by means of milk punch, combining the alcoholic with the nutritive. Stimulation is deemed necessary as soon as the fur upon the tongue assumes a brownish cast, or the pulse loses its volume, or low delirium appears. The bath or sponging, to reduce the febrile heat, is continued throughout the treatment, and used whenever the febrile heat is excessive.

Under this treatment, strictly followed out, the cases seldom assume a severe type. The pyrexia is commonly restrained within moderate limit; the tongue and mouth remain moist; the teeth and lips free from sordes; the diarrhoea is seldom excessive; hemorrhage from the bowels is rare; convalescence often commences in 12 or 14 days from the onset of the disease, and seldom later than the fourth week. Of course, remedies are used to restrain excessive diarrhoea and to produce sleep when wakefulness disturbs the patient. I prefer lupulin and Dover's pulv. combined, to give rest, as it does not lock the secretions as much as Dover's pulv. alone.

Soluble Cream of Tartar:

The *Pharmacopœia Germanica* has on that preparation the following directions: *Tartarus boraxatus* s. *Kali tartaricum boraxatum* s. *Cremor tartari solubilis*. Borax, 2 p.; distilled water, 20 p. Dissolve and add 5 p. purified cream of tartar. Agitate to dissolve, filter, evaporate to dryness, and powder.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND
SURGEONS, N. Y.—CLINIC ON
DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

November 14th.

Pelvic Hæmatocele and Sub-serous Fibroid.

GENTLEMEN:—The patient before us says that four months ago she complained of severe pain in abdomen, with pains over the whole body. She came under observation at that time, though she had been seen before, and she was found to have a sub-serous fibroid tumor. What she does not say anything about, and what she did not know of, was the development of a large tumor in the abdomen as hard as my head. Now it was found when this tumor made its appearance, that both uterus and uterine tumor disappeared in the mass. During the month of last July it was beginning to be absorbed, and now it is gone, but the fibroid has again made its appearance. The important question is what was it. It was a case of pelvic hæmatocele which has passed through the ordinary course of absorption. The patient has been sterile, as is usually the case with patients having a uterine fibroid. The tumor dragging on the organ changes, in all probability, the canal of the cervix. As regards treatment, I have no confidence in the world in the beneficial use of drugs to reduce the growth. But there are those who think that the bromide of ammonium or potassium will cause absorption. Now if such an observer had met this case of hæmatocele, and not made out its character, he would have sworn to his grandchildren that he reduced a tumor from the size of his head down to that of a goose egg.

Fibroid of Cervix Resembling Chronic Inversion—Removal by Operation.

I have a patient ready to bring before you that presents a condition rather rare. I have only seen two cases of it before this. The history is, Mrs. R., æt. 30, widow. Has one child. Since last July has suffered from hemorrhage from the uterus. She was seen first by Dr. Vermilye, connected with this clinic, and he thought at first that it was chronic inversion of the uterus. There was no cervix, but on one side of this mass he discovered an opening which allowed a probe to enter and pass to the fundus of the uterus, which was in position. This is not a polypus springing from the uterine cavity, but a fibrous prolongation of a part of the cervix.

(Dr. Thomas here brought in the patient under an anæsthetic and presented her to the class. Projecting from the labia was a mass about the size of the uterus. Dr. T. demonstrated the os by means of the sound. It had the appearance of a little pocket at one side of the base of pedicle of the mass. He said this was just a case where the galvano-cautery was indicated, but there was

not one in order convenient. And instead of the galvano-cautery he would try the ecraseur. To guard against hemorrhage he put a ligature through the pedicle, first cutting a groove to imbed it and prevent slipping off. He then tied and left a bow, so that it could be tightened in case bleeding took place afterwards. The ecraseur was then applied to the root of the mass and slowly tightened, so, as far as possible, to guard against bleeding. During the operation the tissue was so dense that six threads of the screw of the ecraseur broke, though the chain itself stood the pressure. By re-adjusting the instrument and continuing, the whole mass was eventually removed. A tampon consisting of pieces of cotton saturated with a solution of persulphate of iron, one part of the official solution and three of water, was closely packed around the cervix, and the patient removed.

Procidentia Uteri in the Virgin.

M. G., æt. 28., married. One child, sixteen months old. Has been married seven years. When patient was seventeen years old, and before she was married, found, upon lifting a boiler of coffee, that something appeared to give away inside, and since that her womb has been in the habit of coming out.

Vaginal Examination.—Uterus in a state of prolapse, the cervix and part of body appearing just outside the labia. When it is reduced the measurement is three inches, but when it is outside, the measurement is five inches.

It is rather strange to meet a case of prolapse of the womb in a girl of seventeen, and a virgin, but they do take place.

The cause of difference of measurement is due to a kind of telescoping which takes place in the tissue of the uterus. Once in hospital quite a difference of opinion took place, from not considering this fact. The house physician measured the organ and found it to be six inches; when the visiting physician came he replaced it and found it to be three inches. This was only amicably settled by both being present, and finding the cause of disagreement.

In talking of the cause of this or any other displacement, any force from above will give rise to it, and this as we see, even in a virgin of seventeen. Again any force from below will cause it, as we have just seen in the patient operated on for tumor of the cervix.

Increase of weight from subinvolution or other causes, is a most common source of this affection.

There has been described what has been called the bed disease. It is merely this, that women without any disease proper contract the habit of remaining nearly constantly in bed; this results in relaxation of all the tissues of the body, and especially is it found in the broad ligaments, which, from their relaxation allow of the descent of the womb.

Treatment.—If this patient before us had

had the uterus replaced when she received the injury, there would have been but little trouble, but now the supports have lost their power. When the disease is of long standing the treatment is rather discouraging. The operation is to remove a portion of the anterior vaginal wall, and lessen the calibre of the vagina, and add to the support of the organ. As far as pessaries are concerned, I use with best results Cutter's modification, with instruction to the patient to take it out at night and replace it in the morning. However, any variety of treatment is not wholly satisfactory.

MEDICAL SOCIETIES.

CINCINNATI ACADEMY OF MEDICINE, OCTOBER 6th, 1873.

(Report from Section on Skin Diseases.)

A Case of Cheloid Simulating Molluscum Fibrosum, with Illustrations.

BY H. CUNDELL JULER, M. D.

Reported by J. W. Hadlock, M. D.

In performing a duty imposed upon me by the Academy of Medicine of Cincinnati, I proceed to a description of a very remarkable, although in this country by no means a unique case, of hypertrophic disease of the skin, occurring in a patient residing in the Cincinnati Hospital, June 24th, 1873. James Bell, a negro, the subject of this sketch, aged 43 years, unmarried, was born of slave parents, in the State of Tennessee. He appears to be well nourished and well developed, and states that his health has always been excellent. He was raised as a waiting boy in the service of a family in Penala county, Mississippi, and was always treated by his master with great kindness, being well fed and comfortably bedded. He never received corporeal punishment. He never had any venereal affection. His mother, sister and two brothers are still living. He believes that his sister had a swelling in the form of "snakes," that extended from her neck to her face, but he never saw a person affected similarly to himself. He believes that a spell has been put upon him, and states, colored doctors who had examined him and counted over fifty tumors under his clothes, had told him that somebody had put a turtle upon him. He has suffered from the present disease for thirty years, it having first appeared when about ten years of age, in a cicatrix following an abscess, in front of the lobule of the left ear. As the tumor increased in size, other integumentary sessile growths made their appearance upon different parts of the body, many of which slowly developed into pedunculated excrescences. The tumors are now present in all stages of growth, varying in size from a coriander seed to a mushroom in expansion, measuring several inches in diameter. They are of a lighter color than the surrounding skin, becoming lighter by age. They are either

distinct, grouped together or several of them have coalesced. Manipulation gives rise to no uneasiness. The maple tree wart-like excrescences stand out so sharply defined upon the surface of the skin, that an observer might at first sight suppose that the excrescences were adhering temporarily to the part of the body struck by them. The skin between the elevations is healthy; there are, however, some pigmentary streaks traversing the skin, covering the serratus magnus, that may or may not be the result of former floggings with a whip. Usually he is free from pain, but occasionally, especially in the day time, he experiences pain in these tumors of a darting, cutting or tearing character. He attributes the pain which he has had in the head to the tumor upon the left side of the face, which has been twice extirpated, and now has its flattened surface covered by leprous scales, to which I shall again allude. The large excrescences upon the jaws and neck give trouble only by their sense of weight. His sleep is disturbed by the uncomfortable interference of the tumors with his rest. He objects to the tumors being pricked, although when a puncture by a needle is allowed it causes scarcely any pain. He complains most dolefully of an intolerable incessant itching of the skin, which, although endurable in cold weather, becomes incessant and exciting in the months of July and August. To use his own expression, "it drives him crazy." The bath affords him some alleviation. While under examination he scarcely moves from the position in which he is placed. His mind seems under a cloud, but when aroused by conversation questions are answered in an intelligent manner. He has a demure and subdued demeanor, his eyes are downcast, and an expression of melancholy shades his countenance; the deadening conviction that he is under the power of some supernatural agency converts the natural vivacity peculiar to his race to a "deathlike silence and a dread repose."

The hypertrophic disease called cheloid, when of recent formation, has been found in similar instances to consist of numerous bands of connective tissue, arising as spindle-shaped cells along the walls of the blood vessels of the corium, and developing as wedge-shaped prolongations of parallel fibrous bands, till the whole derma is filled by them. In James Bell, these recent homogeneous prolongations, interweaving in a net-like manner, are peculiar and different in figure. The imagination has no effort in perceiving in them the fingers of a hand, the petals of a flower, a lady's locket, a necklace of beads, the outline of dumb-bells, a curled fish, a sleeping lizard, and beetles pursuing their journey to the scalp. On the other hand the larger and older outgrowths, that have been thirty years in arriving at their present condition, are pedicellated and assume a variety of shapes, are either oblong, circular or curved, projecting from the cutaneous surface in the form of sausages,

or knuckles of dilated intestine, or resembling an internal organ, as the heart, kidney, liver, or pancreas, the surface of the tumors being either smooth and glossy, or convoluted and irregular. Some of them appear to have grown to a certain extent, and while new material has been forming toward the circumference, interstitial absorption has given rise to central depression. The new material thus formed around the tumor is arranged in serrated lobules directed from the centre to the circumference, similar in arrangement to the divisions in the seed of the marsh-mallow. Thus while the centres are depressed, and the skin shriveled and puckered, the lobules extending beyond the pedicle are smooth, dense, and resisting to the touch.

Although notes have been taken of the shape, size, appearance, consistence and position of individual tumors, sixty of which have been counted, it will only be necessary that I should name those that present some special features of interest. It often happens when a skin disease of long continuance is submitted to a critical inspection, the different observers limit their observations to a partial survey of the case, and thus arrive at opposite conclusions as to the distinctive nature of the disease. The same mistake that occurs when diagnosing cuticular derangements confined to the surface of the skin, also happens when defining the various hypertrophic affections of the derma. In a patient afflicted by one form of the disease, it may not be difficult to detect the existence of a similarity to other dermal affections indigenous to warm climates. In the malady known as cheloid, dermatologists have specified the disease as consisting of a numerous series of fibrous ridges, springing from the walls of the blood-vessels of the corium, supplanting the derma and imparting to the skin the appearance of a hypertrophic cicatrix, following a burn. Although the case of James Bell but partly accords with this diagnostic description of cheloid, it certainly agrees with those illustrations of the disease figured in American works on surgery. Cheloid is the predominating feature of the affection, and it is therefore rightly designated by that name.

It has already been stated that the disease of our patient originated thirty years ago, in the cicatrix following an abscess, and as diagnostic of the still prevailing cheloid diathesis there exists upon the inner side of the right thigh, where he was bitten twelve months since by a dog, a small tumor an inch in length, and half an inch in width, resembling a curved minnow in shape. I have observed a similar isolated growth upon the face of a negro, arising from the use of a razor. It is most likely with this predisposition to the disease in our patient, that numerous tumors dispersed over the body, reaching from the neck to the ends of the toes, had their origin from mere abrasion of the skin, due to friction or some other accidental cause.

Dr. Fayge, of London, recently examined, under a low power of the microscope, some molluscous tumors not much larger than a pin's head, and he found that each tumor was originally developed round a hair follicle, inclosing at the same time the sebaceous glands belonging to the follicle, itself inclosed in a translucent fibrous mass. It is well known that the most trivial damage to the skin may be followed by the appearance of cheloid. It has succeeded the application of a blister, leeches and sutures; it has been developed by bleeding, by a scratch or puncture; in the cicatrices of small-pox, acne indurata, syphilis, burns and the vaccine scar. If such slight causes are sufficient to produce the disease, I believe it impossible to say whether it be idiopathic or otherwise. As the true and false forms of cheloid are identical in microscopical structure, as well as in all other particulars, why is it necessary to adhere to the divisions into true and false cheloid arbitrarily created by Alibert.

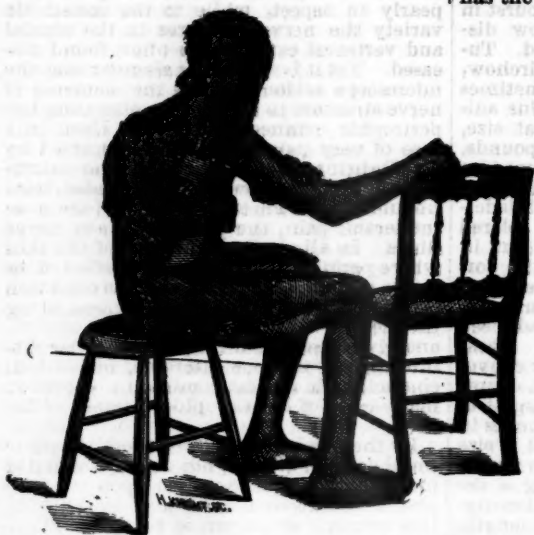
It is very probable that the peculiar disease affecting the breast of James Bell, which has been eight years in growing, came on as he states, from friction. The sternum and a portion of the left parts of the chest are covered by a large irregular shield, studded by innumerable lobulated



eminences. Some parts of the diseased surface are depressed, and the skin has a greyish shriveled appearance, while other portions are elevated into cord-like prolongations, that are dense and resisting to the touch, and extend beneath the surrounding healthy skin. The abnormal structure commences an inch below the upper edge of the sternum, and passes downwards to a little below the ensiform cartilage, having a width across the chest of eleven and seven-eighths inches. On its right side are eminences resembling the paws of a panther, while over the cardiac region is a tumor that may be

likened to the left ventricle of the heart, surmounted by a cluster of smaller growths. The disease when present upon the chest always inclines to the left side.

The true cheloid nature of the malady, however, is better seen upon the buttocks, where its presence is of more recent date.



Over the gluteal region of the right side, and descending upon the thigh are some nineteen distinct tumors, mostly of a small size. A portion of the diseased structure which is marked by a tracery of white streaks, and may be pinched up into a fold, commences an inch below the great trochanter of the femur, and extends for a distance of eight and three-quarters inches downwards and inwards, measuring in its widest part four inches. In close proximity to the groin of the left thigh, there exists a peculiar arrangement of small nodules like a cluster of beads of different sizes. Had this morbid condition of the skin invaded the genital organs, it would, as likely as not, have been denominated elephantiasis. The pedunculated tumors have passed through all stages of growth, and being useless to the economy are assuming degenerative changes, partly due, perhaps, to the pressure and local irritation. They present more the appearance of molluscum fibrosum than the cheloid of dermatologists.

The first tumor, already referred to, that made its appearance, and which, after being extirpated, was a year in re-forming, and which, since our war, has undergone another operation, now occupies a very extended surface upon the side of the face, embracing the left ear in the form of a horse shoe. It measures $3\frac{1}{2}$ inches in front, $2\frac{1}{2}$ above, and $3\frac{1}{2}$ inches below the aural orifice. Its lobulated inferior border is an inch in thickness, and projects an inch and a half from its broad pedicle. Its posterior portion includes

the lobule and the anterior portion of the ear. Its superficial surface is covered with scales formed from a sero-purulent fluid that exudes from a slightly excoriated surface. A similar appearance is to be found in some forms of lepra. This tumor, in coming into contact with a neighboring fibrous mass, has the under surface of its overlapping lobule ulcerated. The tumor situated below resembles, in shape and color, the superior surface of a liver, having a right and left lobe, and a lobulus quadratus, the groove dividing the two lobes measuring $5\frac{1}{2}$ inches in length. This tumor commences an inch and a half below the left ear, and extends $9\frac{1}{2}$ inches under the skin to the ramus of the right jaw; it is $1\frac{1}{2}$ inch in thickness, projecting $4\frac{1}{2}$ inches from the throat. When its surface is touched, it shrivels between the fingers, and the touch has the semi-elastic feel of a fungus. Its lower border is sacculated and discharges a yellowish-white gelatinous fluid from small, puckered openings. Situated upon the right side of the jaw is a turtle-shaped tumor. Its body rests upon the angle of the inferior maxillary, and its head, having two pea-like bodies in the place of the eyes, includes the lobe of the ear in its substance, and points in front of the aural appendage. Its length is $4\frac{1}{2}$ inches, and its breadth $4\frac{1}{2}$ inches. The hair of the whiskers is disarranged by the tumors. The apposition of the edges of these prominences with the subjacent skin, or with neighboring protuberances, has given rise to abrasion of



their surfaces. A portion of one of the tumors had suppurated, staining the linen with the discharge. When the sacculi, after having excited considerable pain, had given

Dec.

exit to
with p
not en
the m
health

Upon
shaped
the c
charg
mors
are de
take t
posus
havin
When
aroun
gical
phia,
man
additi
al su
ders
penar
attach
excre
luted
of m
these
length
meas
One
press
three
2) in
three
situa
the s
half
have
rath
tion
sent
appe
pass
lagin
hav
the
hem
Alth
irrit
albu
som
like
like
spo
gel
of
be
clea
foci
Bel
suc
era
nal
bili
lea
enc
tw
ger
fib
py

exit to their contents, they closed, as stated, with puckered cicatrices. The tumors have not encroached upon the cavity of the mouth, the mucous membrane of which is entirely healthy.

Upon the nape of the neck a tomato-shaped growth, looking as if it had burst in the centre from over-ripeness, now discharges a yellowish albuminous fluid. Tumors of this nature, according to Virchow, are developed from the corium, or sometimes take their origin from the panniculus adiposus. They may attain to a great size, having been known to weigh forty pounds. When they attain to an inconvenient size around the neck, they are subjected to surgical interference. Dr. Maury, of Philadelphia, removed from the neck of a colored man one weighing nine pounds. But in addition to those around the neck, the dorsal surface of the body, as well as the shoulders and arms, presented the singular appearance as if masses of fungi had been attached to the surface of the skin. These excrescences are all of a lobulated or convoluted appearance, possessing a slight degree of mobility and elasticity. The largest of these tumors upon the back is 9½ inches in length and 4½ in width; the smallest in size measures 2½ inches in length and 2 in width. One of these excrescences, having a depressed centre, and consisting of twenty-three lobules, measures 5½ inches in length, 2½ inches in width, with a thickness of three-quarters of an inch. The tumors situated upon the scapula, on either side of the spine, have a distance from each other of half an inch. These morbid enlargements have a tendency to overlap one another rather than to root themselves by prolongations in the skin. Upon section they present a whitish, homogeneous, gristle-like appearance, and the knife is resisted in its passage through the dense, firm, fibro-cartilaginous-like structure. The blood-vessels have an irregular network arrangement upon the surface, and may give rise to severe hemorrhage when the tumors are removed. Although two or three of these tumors when irritated have discharged a yellowish-white albuminous fluid, and resembled fibroma somewhat in appearance, yet the soft, purse-like appendages are unlike the soft, purse-like appendages to the skin, having a soft, spongy consistence, and composed of young, gelatinous connective tissue, characteristic of true molluscum fibrosum; nor can they be easily separated from the pedicle or enucleated from their attachments in the superficial layer of the derma. Besides, James Bell is in perfect health, and although in such a disease we may suspect some degenerative changes in the substance of the spinal cord, and, as in his case, a greater sensibility on one side than another, that will lead undoubtedly in time to a greater difference in the supply of nervous vigor to the two sides, still he does not manifest those general nutritive disturbances which, in fibroma, often cause death by marasmus or pyæmia. The disease is a localized evidence

of disorder of the peripheral nerves, accompanying the blood-vessels of the corium. In the post-mortem examination of persons who have died of leprosy the nerves are found to be thickened by a fibrous structure, and their terminal branches atrophied and pearly in aspect, while in the anæsthetic variety the nervous centres in the cranial and vertebral cavities are often found diseased. Yet it is somewhat singular that the microscope seldom reveals the elements of nerve structure in the tumors attending hypertrophic cutaneous diseases. Even in a case of very painful neuroma, reported by Dr. Duhning, of Philadelphia, the microscope failed to discover in the rounded, hard nodules, that were often the seat of the most intolerable pain, the presence of any nerve fibres. In all similar affections of the skin where peripheral nerves become affected, as in our patient, the morbid nervous condition is conveyed, to a greater or less extent, along the nerves to the central nervous system, and gives rise, not merely in some cases to intercurrent nervous disorders, but to that characteristic mental condition observed in many cases of hypertrophic diseases of the skin.

By the persistent use for several years of small doses of arsenic, not only its sedative influence would be exercised upon the peripheral cutaneous nerves, and by allaying this extreme sensitiveness to external impressions, remove the causation of the disease, but it might to some extent restore healthy nervous functions by assisting in the reformation of lost nervous structure and the removal of sclerosis of the skin and nervous centres, which seem to form after nervous elements have disappeared. Local measures, as pressure, etc., may at the same time be resorted to for removing these dermal tumors. Mr. George Pollock, of St. George's Hospital, London, has published in the *Lancet*, of March 22, 1873, the details of a case of molluscum fibrosum, which appears to have some of the characters distinguishing the case of James Bell.

The woman, aged 33 years, who had been afflicted since childhood, was in a very low state of health when admitted to the hospital. There were over one hundred tumors of various sizes in different parts of the body. Some were solitary, some were clustered, some with broad base, some pedunculated, whilst others were as small as a split pea. The chief growth extends from the right side of the neck by a pointed extremity to the upper margin of the right mamma. It consists of a long thick and broad pendulous flap of skin about eighteen inches in length. Its anterior surface is thrown into several folds which give it somewhat the appearance of coils of intestine. One large one attached to the back of the head is of the size of a small melon. The microscope, according to Dr. Whilpham, showed that the growth was due to excessive hypertrophy of the connective tissue and partly to abundant cell growth, occupying interspaces between the bands of fibrous tissue. I am promised

photographs, not only of this case, but also of a child affected similarly at the Children's Hospital in London. The microscopical drawing accompanying this essay will



show the havoc made by the disease in the dermal tissue. James Bell's disease is remarkable from the fact that it embraces some of the characters of both cheloid and molluscum fibrosum. The physicians of London or elsewhere may call similar looking affections to this from which James Bell suffers by whatever name they please, but whenever American surgeons encounter cases that may simulate molluscum fibrosum and yet have the cheloid diathesis, they will continue to find illustrations of molluscum fibrosum in their works upon surgery, and yet underline them with the designation cheloid. If the origin of those cases occurring in England now, called molluscum fibrosum, was minutely investigated, it is possible, from the nature of the microscopi-

cal examination of Mr. George Pollock's case, and the fact that molluscum fibrosum is a disease peculiar to warm countries, that they would follow our example and call their cases cheloid, especially as this disease is more likely to prevail in temperate climates.

CAMDEN COUNTY MEDICAL SOCIETY.

The semi-annual meeting of this society was held on Tuesday, November 11th.

The subject of hypodermomy, was introduced by Dr. R. M. Cooper, who related several remarkable cases of its effects upon diseases; and a general comparison of sentiment in this novel treatment followed, exciting much interest. The remaining subjects of discussion were chiefly obstetrical. Dr. I. B. Mulford read a report of extensive ovarian cyst, exhibiting the specimen as removed post-mortem, which also led to a general interchange of views on the subject of ovarian disease.

Dr. Cullen followed with some remarks on rupture of the perineum, and further light on the subject was elicited from Dr. Goodell, of Philadelphia.

Dr. Smith, of Newark, related a case of inversion of the uterus, apparently produced by irregular contractions of that viscus.

The Camden County Medical Society was organized upon the 14th of August, 1846, by a number of physicians residing in this city. It was at once found to be the means of mutual improvement to those uniting themselves with it, and was the instrumentality of alleviating much suffering and accomplishing much good. It has since grown to be one of the most influential organizations of its character in the State.

The officers for the current year are:—President, Dr. John V. Schenck, Camden; Vice President, Dr. John W. Snowden, Waterford; Secretary and Treasurer, Dr. H. Genet Taylor, Camden.

The Society then adjourned to meet the 2d Tuesday in May, 1874.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Lozenges.

These medicated sweetmeats are thus spoken of by Dr. Prosser James, in a lecture reported in the *Medical Press and Circular*:—

"Lozenges may be looked upon as the modern representatives of the ancient class of remedies termed 'hypoglottides,' and which

Galen, Dioscorides, and others were accustomed to prescribe. The name was derived from the dose being placed under the tongue of the patient.

"The attention bestowed on the process of deglutition in connection with gargling precludes the necessity of considering it in reference to lozenges. The local effect of certain substances on the mucous membrane is often obtained by the employment of lozenges, which should always be allowed to

dissolve in the mouth without breaking them by the teeth, and should also be swallowed very slowly, so as to prolong their action as much as possible. It is, however, to be remembered that as lozenges are swallowed their effect on the stomach is not to be forgotten. Indeed, their liability to interfere with digestion is one of their disadvantages. Some lozenges, as those containing morphia for instance, are also used for their general effects. In the British *Pharmacopoeia* there are ten formulæ for lozenges. Some, as those of tannin and chlorate of potash, most useful locally; others, as those of iron and opium, for their effects on the system. The hardness of these lozenges is sometimes an objection. To overcome this, at the Hospital for Diseases of the Throat the lozenges are made of fruit paste, such as is used in the currant lozenges to be found every where.

"I have had lozenges made like the ordinary jujubes. The *pâte de guimauve*, so common in France, and indeed all the elegant forms of French Pharmacy, may be made equally serviceable. The most useful additions to the lozenges of the British *Pharmacopoeia* are astringents. Of these *krameria* is one of the best, as its remote effects are less marked than those of other astringents. In tonsillitis, gualacum has been strongly recommended by Sir T. Watson and others, and can be given in the form of lozenges."

Caustics in Fatty Tumors.

The *British Medical Journal* says:—"A very interesting discussion took place at the Société de Chirurgie of Paris, on the occasion of two cures of fatty tumors by the application of the Vienna paste. The two cases were described by M. Dubreuil, and this gave rise to a discussion on the comparative merits of treating tumors with a caustic or with the knife. The adversaries on this occasion were MM. Dubreuil, Desprès, Chassagnac, Marjolin, and Tillaux, who were in favor of the caustic treatment; the partisans of the knife were MM. Trélat, Blot, and Larrey. The three latter surgeons related a great number of cures effected with the knife, which are certainly in favor of this method. Baron Larrey states that he has obtained, in a case of fatty tumor of the size of the head of an adult, a cure by the first intention in thirty-six hours. The other two surgeons named have removed fatty and other tumors of various sizes with the knife, from the head and different parts of the body, by the aid of linear incisions and methodic compression, and in nearly every case the wound was healed by the first intention in from twenty-four to thirty-six hours. But the partisans of the caustic method brought forward instances in which the use of the knife was attended with disastrous results, and in some cases proving fatal. When union by the first intention does not take place, the most serious consequences are apt to result, such as erysipelas and purulent infection, whereas, by the use of the caustic, the patients are less ex-

posed to such dangers. Such was the opinion of these gentlemen, and M. Tillaux added that, among the working classes, this method had the advantage of not compelling the patient to lay up. M. Marjolin, moreover, remarked that it was necessary, for the obliteration of the sac of certain sebaceous cysts, that they should suppurate, and this was best effected by the use of caustics.

Obscure Results of Syphilis.

At a late meeting of the Pathological Society of London, Dr. HILTON FAGGE related the particulars of a case occurring in a very stout cook. She had been quite well two years previously. A year since, a lump in the left groin appeared, which broke and discharged; the leg swelled. She became emaciated and cachectic, had dyspnoea and died. She had been quite well before her marriage. She had sore throat and ulcer of the tonsils, but no other evidence of syphilis. At the necropsy, the Fallopian tube was found to be curved around the ovary and closed. There was an abscess containing pus. The ovary was healthy, but the uterine appendages were matted together. This seemed to be the commencement of the affection. There was a chain of diseased glands proceeding from the left iliac fossa, extending up through the chest to the neck, a large mass of enlarged glands pressed on the trachea, as had been found during life, and doubtless explained the dyspnoea. The glands in the fissure of the liver were suppurating, and there were very large abscesses in the bronchial glands. The liver weighed over seventy ounces; the spleen twenty ounces, and in it were large masses of the size of walnuts, looking like growths; on section, being cheesy, like syphilitic growths. There were no appearances similar to those found in Hodgkin's disease.

Neuralgic Ulcer.

M. Terillon recently related to the Société de Chirurgie two cases of ulcer of the calf of the leg, attended by excessive pains, which yielded to no means employed, until an excision of a portion of the sciatic nerve had been performed. He refers to a case of M. Verneuil's, occurring in a young girl, and in which the pains were so incessant and had so exhausted the patient's powers, that amputation was had recourse to. The ulcer reappeared in the stump, and the pains recurred. Excision of a portion of the sciatic nerve caused the pains to disappear by enchantment, and the ulcer rapidly cicatrized. These facts have led M. Terillon to conclude that the primary source of the ulcer was an altered condition of the sciatic nerve. M. Ledantu, reporting on the paper, observed that he could not adopt this conclusion absolutely, for he had himself lately met with a case of neuralgic ulcer of the leg, in which the pain yielded to hypodermic injections. M. Verneuil, too, observed that conclusions from his case would be premature, as the patient is now suffering from another relapse.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The following excellent suggestion is made by a reviewer in the *Medical Press and Circular* :—

"We consider that a few 'retrospect' volumes, formed of references to the writings of the ancient masters of our art, would be of great use, particularly to young authors, who too often imagine as new what is 'as old as the hills.' A volume or two also, having illustrations of ancient surgical instruments and appliances, would form most interesting additions to the current publications."

—One of those questions which, as Lord Dundreary remarks, "no fellow can find out," relates to the origin of syphilis. In Germany, Dr. F. W. Müller has gotten out a work entitled, "Die venerischen Krankheiten im Alterthum. Quellenmässige Erörterungen zur Geschichte der Syphilis." While in France, Dr. Edmund Bassereau has just written a work (J. B. Baillière) to show that syphilis arose in Europe at the end of the fifteenth century, in the year 1494, coincidently with the presence of the French army in Italy, during the war of Charles VIII. He omits the belief first suggested by Ricord, that syphilis arose from some of the diseases of the lower animals, like cow-pox, malignant pustules, or rabies.

—We are glad to announce the second part of the "*Bibliographie des Sciences Medicales*," by M. Pauly, librarian of the "Bibliothèque Nationale," of Paris. The first part comprises the bibliography, biography, and general history of medical science. The second treats of the history of medical schools, corporations, and societies in France and abroad; and the curious history of the quarrels between physicians, surgeons, and apothecaries. The book contains, moreover, documents relating to the history of various parts of medicine, as anatomy, physiology, hygiene, pathology and therapeutics, both as to general history and special accounts, chronologically and ethnologically considered; investigations as to the history of particular maladies, etc., all arranged alphabetically. The third part will be published early next year. As to the value of the work, suffice it to say that a

copy of the first part was presented to the Academy of Medicine of Paris, by the late Daremberg, and the second by M. Latour, the talented editor of *L'Union Medicale*, in both instances most eulogistically.

BOOK NOTICES.

Treatise on the Diseases of the Eye, Including the Anatomy of the organ. By Dr. Carl Stellwag (von Carion). Translated from the fourth German edition, and edited by D. B. St. John Roosa, M. D., Charles S. Bull, M. D., and Charles E. Hackley, M. D. Fourth revised and enlarged edition. Illustrated by wood engravings and chromo-lithographs. New York: William Wood & Co. 1873. 1 vol. Cloth. 8vo, pp. 915.

A Treatise on the Diseases of the Eye. By J. Soelberg Wells, F. R. C. S., etc. Second American, from the Third English edition, with additions. Illustrated with two hundred and forty-eight engravings on wood, and six colored plates, together with the test types of Prof. E. Jæger and Dr. H. Snellen. Philadelphia: Henry C. Lea. 1873. Sheep. 8vo, pp. 812.

The new editions of these standard works before us are carefully edited, and completed to the last steps of ophthalmic medicine and surgery, by the united labors of the authors and editors. The volume of Dr. Stellwag enters more minutely into the histology and the physical properties of the organ of sight, and may be considered the more exhaustive treatise of the two; but as it is written by a German for Germans, it falls short, in some points, of the adaptability to English speaking readers which marks the production of Dr. WELLS. With either of them, however, on his shelf, the general practitioner will not be at a loss for abundant information in any disease of the eye he is likely to encounter.

The general plan of both books has been detailed in notices of previous editions, and the announcement of the present new revised ones is sufficient testimony to the high scientific character, and to the thoroughness with which they supply the demand for literature in that domain of surgery.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 13, 1873.

J. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

FOR PROFESSIONAL FREEDOM.

There are and there always have been two theories of government, for each of which much may be said. One is the *paternal* theory, which approves of prescribing everything that is to be done and to be shunned, laying out so clearly the path of the subject, that no excuse is left for his going wrong. The other theory upholds the view that the less there is of an interfering government the better; that the individual should be left just as free play of all his faculties and propensities as is consistent with this same privilege in his neighbor.

The latter theory is that of a republic, and we need not add is that which has of late years been rapidly gaining the upper hand. Not everywhere, however. The Trade Unions fetter the individual activity of their members and of their employers; and not to go further, our own profession, especially in England, and largely in this country, is inclined to adopt the interfering policy of government. How it looks to an intelligent outsider, we can see from a remark by Dr. ROHDEN. This German phy-

sician has been visiting England and its health resorts, and in a descriptive article published in the *Archiv der Heilkunde* for June last, refers to the English Medical Societies, and Associations. He proceeds to say: "The formation of such bodies has also been urged upon us in Germany these last few years, and I hope the movement will prosper; but most earnestly do I hope that the detestable servility (*dis horrible Unfreiheit*) of the individual, which prevails in these English associations, will never be permitted to creep into ours."

This protest is well founded, as any one can see who reads the English medical periodicals for a few months. The *Lancet*, for instance, not many months since, made a violent and unbecoming personal attack on Dr. FULLER, because the latter's well-known work on rheumatism was advertised in a secular journal by its publisher! Such impertinence seems incredible, but we could parallel it with a similar instance in this country where a medical society arraigned a member because his publisher advertised a work by him, *not on medicine*, in the public press.

The action of a medical society not a thousand miles from Philadelphia, in proposing to excommunicate any of its members who consulted with female physicians, is another instance of that arrogant infringement on individual rights which marks the despotic theory of government.

The pursuit of science should be trammelled by no restrictions other than those which the study of science itself inculcates; and in applying science to money-making, no other rules are needed than those which a virtuous mind will impose on itself, and vain will be the endeavor to prevent the vicious one from pursuing its own devices. We have repeatedly raised our voice against the close imitation of the English rules in this country; and we hope the view of the matter above quoted, as taken by a foreigner, will show how well founded our ob-

jections are. Freedom must be our motto. We have it in the nature of our studies, and let us keep it. To close, in the words of Sir DOMINIC CORRIGAN, spoken lately before the students of St. Mary's Hospital Medical School:—

"A consideration that has always been uppermost in my mind, is that we have ever this proud consolation in our profession, that we are *searchers after truth*. We are not trammelled by any party net, nor controlled by any other consideration than this; that our object is to find out what is true, and our only vocation, to practice it.

"The Churchman is not thus free. He must be a churchman all his life, and as a true churchman, he must extinguish all glimmerings of doubt that may flicker before him, and advocate the doctrines and discipline of the particular church to which he belongs.

"The churchman is not free in mind as we are.

"The Lawyer is an advocate. He is bound by law and ethics to advocate the cause of the client who commits to his advocacy life or property, whatever he may think ought to be the verdict. He is not at liberty to examine the several sides of any question, to determine what shall be his own view, and act upon it.

"The lawyer is not free in mind as we are.

"The Soldier is bound by his duty to follow and obey the commands of his superiors, without inquiring into the justness or wisdom of the command.

"The soldier is not free in mind as we are.

"And as for the Politician, I will not be hard on him, for I have a brother-feeling for him; but the politician and the statesman must often temporize, or even abandon what he knows to be *right*, in order to attain what he thinks is *practicable*.

"The politician is not free as we are.

"We are free from all bias, from all influences; free to seek out what is right and true in our profession, and to practice it. We may, like all other human beings, err in judgment, but we need not fall into error under the influences that sway other professions. This I have always felt as a proud reflection, even in the midst of early struggles, and throughout professional labors; and I am confident it will ever be to you, my young friends, the same."

RECENT STUDIES IN PSYCHO-PHYSICS

The Germans take the lead in the study of psycho-physical phenomena. In the *Centralblatt für Medicinischen Wissenschaften*, August 16, SACHS has some interesting studies on FECHNER'S law (See the REPORTER, Vol. xxix, p. 355, for this law). He finds that it is applicable to the sense of time, to electrical irritations of the skin, and also to what he calls the "crowd sense," (*Mengensinn*), by which we take cognizance of collective masses of objects.

Quite a volume has been published at Leipzig, by STUMPF, on the psychological origin of the perception of space (*Ueber den Psychologischen Ursprung der Raumvorstellung*). He criticises the views of HELMHOLTZ and BAIN, and sides with LOCKE in the opinion that the perception of space arises simultaneously with the perception of quality, at least space in two dimensions (length and breadth), but that depth is probably a result of experience. His demonstrations are strictly physical, and he leaves metaphysical points untouched. As an advance on the bald empiricism of BAIN, this work deserves attention.

A broad study of the phenomenon of Life is attempted by the eminent naturalist, W. PREYER, in a little work published this year, entitled *Ueber die Erforschung des Lebens*. Although an outspoken believer in the purely material theory of life, the author does not hesitate to say that the laws of mechanics are undoubtedly insufficient to explain vital phenomena. But the alternative is not to relegate these phenomena to the realm of the "unknowable;" rather, says the author, we must extend and broaden our conceptions of mechanical laws, and of the atomic constitution of matter, so as to embrace in them all psychical manifestations. Then, with a fully developed theory of inheritance which embraces the evolution of psychical processes from new functions acquired and inherited, we shall attain to a satisfactory and universally applicable theory of life and matter.

These words will recommend themselves to the thoughtful reader. They point to the path in which the leading minds of the day are marching, and which is conducting them to a conception of these deep and difficult questions, equally far from a coarse materialism and a dark mysticism.

Those who would like to familiarize themselves with the nature of the problems discussed will find a volume published in Paris this summer, by the eminent M. E. LITRE, very suitable to their purpose. It is entitled *La Science au point de Vue Philosophique*, and the tenth essay it contains is styled *De quelques Points de Physiologie Psychique*. In this the author traces our notions of the external world, and of the self or Ego, to their physical bases. Of course, as any one who knows of M. LITRE will at once suppose, the views of Comte are faithfully carried out; but in science these are the only views admissible nowadays.

In this country, we are sorry to say, none, even of our professed physiologists, are pursuing such researches; there is a wide and attractive field open here, and the harvest promises to be rich.

Dr. BIGELOW, of Boston, has, during the current year, published an article treating indirectly of these topics, but he inclines too much to theoretical considerations, and does not manifest an acquaintance with the physiological laws of mental phenomena. Every care should be taken in such discussions to limit them to the subject in hand, and not to give them an aggressive tone. The spirit of science is creative, not destructive; when it seems to destroy, it really only supplants and replaces.

NOTES AND COMMENTS.

Painless Dilatation of the Urethra.

A new device for this purpose is mentioned in a French journal. It simply consists in the employment of a column of liquid about twenty metres high, established by means of a funnel, and containing

about a pound and a half of water (boiled at 25° or 27° C.), and suspended above the patient's bed. An india-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glans, to prevent the water from running outside. The water in the funnel is then forced down by its own weight, and runs down drop by drop, dilating the stricture without pain, and, through its local and antiphlogistic action, rendering the urethra pervious to sounds and bougies. The patient can himself apply the apparatus three or four times a day, and when it is removed the surgeon has only to make use of his sounds or bougies.

Hydropathy in Chronic Diseases.

A carefully written article on this subject, by Dr. RUNGE, appears in the October number of the *Deutsches Archiv für Klinische Medicin*. He considers the true application of the water cure to be, 1, temporary relief of the chronic hyperæmia of parts and organs through the use of cold; 2, change of blood distribution by exciting the cutaneous circulation; 3, increasing the physical and moral energies by the use of the cold bath. The latter he also recommends as a preservative of the health and stimulant to the system, when not contra-indicated by organic disease or plethora.

Gargles.

One of the best gargles is a solution of alum, the strength of which may be varied according to the effect required. Chloride of aluminum may be employed for the same purpose. For a more powerful astringent, tannin may be used; one or two drachms in half a pint of water, to which a drachm of rectified spirits or an ounce of glycerine has been added. Borax and chlorate of potass are also useful as both gargles and mouth-washes. The former is slightly alkaline as well as astringent; the latter possesses special value in an aphthous condition of the buccal and faucial mucous membrane. Mineral acids ought not to be employed as gargles, as they destroy the patient's teeth.

Mortality of Railroad Employees.

From English statistics it appears that the mean annual mortality per cent. among 67,482 railway employees of all grades was 1.79. The lowest mortality was, among the railway officers, clerks, and station-masters, 1.66 per cent.; the highest, among the engine-drivers and stokers, 2.06 per cent. In making deductions from these tables, it is proven that the mortality of those engaged on railways is, notwithstanding the peculiar risk to which many of the occupations are exposed, less than would probably have been expected; and, if the sum total of all is taken, the mortality, it will be perceived, is but slightly in excess of that for England generally. Further, that the only injurious influence of those engaged on railways is to be attributed to the risk arising from accidents.

On Aromatic Tincture of Assafœtida.

MR. L. MYERS CONNER says, in the *American Journal of Pharmacy*, this tincture has such an unpleasant smell and nauseating taste, that it cannot be given in every case required. Frequent requests of physicians to prepare a tincture that would be more pleasant to the taste, and produce the same effect without the addition of water, have induced him to make some experiments. The formula offered has been tried, the aromatics being no objection, either in properties or preparation; it can be made at any time, also keeps well.

R Tinct. assafœtida, U. S. P., ℥viij,
 " orange-peel, " ℥ij,
 Ess. peppermint, ℥ij. M.

Dose, one and a half to two fluid-drachms, without the addition of water.

An Alarm Thermometer.

MR. PANMIERI has received directions from the Empress of Russia to construct for her use a thermometer which will give signals of changes of temperature. He has succeeded in making this instrument, which is now exhibited at the Academy of Science in Naples. The apparatus is so sensitive that the indicator is in constant motion; the moment a change of temperature attains any marked degree, a little chime of bells rings, and warning is thus given of the change of temperature. The instrument is suspended in the Empress' traveling carriage, so as to insure the attainment of an equable temperature.

Emulsion of Cod Liver Oil.

A writer in the Cincinnati *Lancet and Observer* recommends the following formula: R. Fresh eggs, No. iv; lemon juice, q. s. Place the eggs in a suitable vessel, and pour over them sufficient lemon juice to cover them, and let the whole remain for 24 or 48 hours. Then pass the whole through a strainer, and add, with agitation, the following, and in the order given: To the lemon juice and eggs add an equal volume of glycerine or honey, cod-liver oil, and brandy or whisky. The whole forms a permanent emulsion, and will keep good during the summer months for a month, and longer in cooler weather. The taste of the oil can be completely covered by the addition of a few drops of oil of wintergreen, or oil of bitter almonds. This mixture is pleasant to take, and a valuable therapeutic agent.

The Administration of Blood in Powder.

M. LE DR. PASCAL gives blood of oxen, etc., in the form of powder. The blood is dried till it is reduced to a powder, and, administered in that condition, overcomes the repugnance which patients might otherwise have to its use. The various constituents, of fibrine, albumen, hæmatorine, salts of iron, and manganese, are thus secured to the patient in such diseases as anemia, chlorosis, etc. Why a good old-fashioned "blood-pudding" would not answer as well, we cannot see.

Spots on the Cornes.

A number of cases of this disfigurement were treated by Professor ANCIAUX, of Liege, "with wonderful success." His application is a weak solution of sulphate of cadmium in equal parts of mucilage of acacia and Sydenham's laudanum. With this the spot is painted two or three times a day. After the application the patient should close the eye for a few minutes, that the solution be not washed away by the tears.

A Palliative in Painful Urination.

In retention of urine from stricture, in hypertrophy of the prostate, after operations on the urethra, etc., Dr. CAZENAVE recommends the employment of ice suppositories. A piece of ice, of oval shape and the size of a chestnut is inserted in the rectum. The relief is prompt and most satisfactory to both patient and physician.

Flies and Pestilence.

It has been several times remarked that flies abound in sickly years. They are, indeed, very capable of disseminating infectious poisons, feeding on excrement and flying thence to dinner tables. A correspondent of the *Lancet* writes:—

In 1850, the "Superb," in common with the rest of the Mediterranean squadron, was at sea for nearly six months, during the greater part of which time she had cholera on board. On putting to sea the flies were in great force; but after a time they gradually disappeared, and the epidemic slowly subsided. On going into Malta harbor, but without communicating with the shore, the flies returned with greater force, and the cholera also with increased violence. After more cruising at sea, the flies disappeared gradually with the subsidence of the disease.

In the cholera years, 1854 and 1866, in this country, the periods of occurrence and disappearance of the epidemics were coincident with the fly season; and the occurrences of cases of the disease which came under my notice were associated in every instance with the presence of flies in the rooms of the patients, the proceedings of the flies being such as to warrant the charge preferred against them.

To Mark Unusual Doses.

A judicious suggestion has been made that some sign be adopted in writing prescriptions to indicate unusual doses. The Germans employ an exclamation mark after the article, thus:—

R.—Tinct. digitalis, *3iv.* (!)
Sig. Take at once.

A member of the British Pharmaceutical Conference suggests as a sign the addition of the prescriber's initials against the quantity ordered, thus:—

Tinct. digitalis, *3iv.* (J. K. L.).

This he thought preferable to the note of exclamation employed in Germany in such a case, giving as one reason, that the initials might at times be useful for comparison with the actual signature.

Lead Poisoning Through Drinking Water.

M. LEBLANC, of Paris, has been examining water conveyed through leaden pipes. He tested five litres of such water condensed by evaporation, and the most sensitive reagents failed to detect in it the presence of

any salts of lead. He states that lead is readily affected by distilled water, the result being carbonate of lead, which renders the water milky; but the presence of an infinitely small quantity of carbonate of lime is sufficient to remove from the water its action on the lead. Even rain-water, which absorbs lime from the atmosphere, or that which it meets with on the roofs of houses, contains a sufficient quantity of that substance to render lead unattackable. This would explain why leaden pipes last almost indefinitely without being deteriorated, whereas iron and other metallic pipes are rendered completely useless in the course of a few years, from being corroded and pierced through.

Persimmon Coffee.

Persimmon coffee is much preferred to the burned bean variety, in Georgia. A gentleman of that State has taken out a patent for making it, and describes his process as follows: "My mode of preparation consists of steaming the fruit for half an hour in a boiler, and after crushing them I throw them into a tank of water, and the seed are easily washed out, as their own specific gravity carries them to the bottom, and the pulp can be floated off. The seed should then be spread out in the sun to dry for three or four weeks, and then parched and ground similar to any other coffee, care being taken to have them parched sufficiently to grind easily. The seed by this process can be obtained, where the fruit is plenty, at a cost of two cents per pound, and if properly prepared are equal in all respects to good Java coffee."

Pure Chloral Hydrate.

In his endeavor to produce chloral hydrate of the most perfect purity, LIEBREICH has made experiments which have led him to publish the following as the external features which should characterize the preparation:—The crystals should be perfect rhomboids, of a glassy appearance, and sounding like glass when struck, not scaly, and perfectly dry. Chloral hydrate with these characteristics LIEBREICH considers preferable to that in cakes, which is no longer manufactured for him.

—An Iowa doctor thinks tight lacing is a public benefit, because it kills off the foolish girls and leaves the wise ones to grow into women.

CORRESPONDENCE.

Intestinal Obstruction.

EDS. MED. AND SURG. REPORTER:—

In your issue of Nov. 8th, page 341, a report from the pen of Dr. A. G. Blodgett appears, containing the result of a post-mortem examination, made upon the body of a woman who had a stricture of the bowel at the ileo-jejunal junction. As stated in the article above mentioned, the majority of the cases of stricture of the bowel occur at or near the sigmoid flexure. Said article recalled to mind a case I had last March, in which obstruction occurred at or near the ileo-jejunal junction, by a constriction that had formed around the bowel.

The patient, a man aged 70, was taken with severe abdominal pain in the night. I was sent for, and on arriving, found him laboring under severe spasmodic pains, with a disposition to vomit. Thinking it might be a case of strangulated hernia (the patient having had an inguinal hernia of some years' standing), I made a careful examination of the inguinal region, and could not find the cause of the trouble there. I then prescribed anodynes, and warm fomentations to the abdomen, with the effect of allaying the pain. Purgatives were then given, together with enemata in succession, all of which produced no alvine evacuation. Emesis came on, with troublesome hiccup, so that the stomach rejected both food and medicine. Frequent injections were given every day by the use of a gum tube being introduced high up into the colon, with the hope of removing the obstruction, providing it were caused by any foreign substance, or by impacted feces. The effect was nothing more than the removal of a small quantity of fecal matter that had been lodged along the mucous coat of the large intestine, without relieving the general symptoms. Owing to the obstinacy of the case, I began to think there was some organic affection or stricture in the small intestine, perhaps intussusception, and gave an unfavorable prognosis, and asked for a consultation, which request was complied with, by calling in Dr. H. A. Smith, of a neighboring village, who also gave as his opinion that permanent obstruction existed, and that the case would terminate fatally. The tenth day after taking his bed the patient died.

An autopsy was made twenty-four hours after death, and on opening the abdomen the colon was found distended with gas, and the small intestine partially empty, and about the junction of the ilium and jejunum a small band of fibro-serous membrane encircled the bowel, binding two portions of it together, forming a loop of about three inches in length, thereby constricting the bowel, so as to obstruct the passage of its contents, evidently caused by sub-acute inflammation that must have existed at some time previous.

A. M. MILLER, M. D.

Bird-in-hand, Lancaster Co., Pa.

Epilepsy Cured by Treating the Patient for Rheumatism.

EDS. MED. AND SURG. REPORTER:—

I wish to report the following case:—

J. M. Roach, æt. 33, bilious, nervous, sanguine temperament, by occupation a common laborer, has had epilepsy twenty-one years of his life. After first attack had two every year for five years, and for the second five years one paroxysm every week, and sometimes two each week. Then by treatment they occurred not more than once in two weeks.

December 3d, 1871, I was called to see him during an attack which his family think the worst he ever had. I could do nothing for more than an hour, on account of spasm. After it became somewhat relaxed administered stimuli. The next morning I called to see him, and found in addition to the usual soreness of all parts of the body, heat, pain, and swelling of one of the great toes, and at once diagnosed rheumatism. Tongue thickly coated and pasty, pulse one hundred, full and a little irregular, no appetite, considerable thirst.

Treatment.—Prescribed

R Tinct. nuc. vom. fl.ʒj.
Aque fl.ʒiv. M.

A teaspoonful every three hours.

R Tinct. colchici sem. fl.ʒij.
Aque to fl.ʒj. M.

Sig.—A teaspoonful every three hours, combined with $\frac{1}{4}$ of a grain of morphia in each dose.

Continued first prescription till tongue cleaned, and second for several days, till all symptoms of rheumatism subsided. Occasionally during the next twelve months I would give him small doses of tinc. colchici sem. and tinct. opil, whenever he would have any tendency to rheumatism. He had no more epilepsy for fourteen months from date of first treatment; then he had suffered from rheumatism for several days, owing to exposure in damp and his failing to use the medicine, from the fact, as he said, it was so unpleasant to his taste. Since that time he has had no attack and is walking all the time. I simply repeat this to show the importance of finding the cause in this dreaded disease. Many physicians had treated this man with almost negative results, owing to want of careful diagnosis, for he said he had often called attention of physicians to his joints swelling at these periods.

Respectfully,

D. P. MORGAN, M. D.

Webster, W. Va., Nov. 18, 1873.

—Dr. John F. Henry, many years a prominent citizen of Burlington, Iowa, died November 12th, aged eighty-one years. He was a physician, and had formerly been professor in the Ohio State Medical School, and in the Pennsylvania University, (?) but was a native of Kentucky, where he was prominently identified with public affairs, having represented that State in Congress.

NEWS AND MISCELLANY.

Compliment to Dr. Swinburn.

This eminent surgeon receives the following compliment from an English reviewer of the History of the American Ambulance in Paris, during the siege:—

"To experienced administrators in connection with organization, the ambulance was equally fortunate in the medical officer in professional charge of the wounded. Dr. Swinburn had also served in the American war. Under him conservation was more successfully obtained than in the ambulances established in permanent buildings; his method of treating gun-shot fractures of the femur, and penetrating wounds of the chest was alike simple and relatively successful; under him oakum was extensively used, and with good results; and although it would probably be too much to assert that pyæmia was unknown among his cases, yet the affection was unquestionably of very rare occurrence."

Sad Case of Suicide.

Dr. Arthur Foster, an interne of Boston City Hospital, committed suicide on the 19th ult., under the following remarkable circumstances:—

It appears that Foster was called up in the night to prescribe for Miss Pfyffer, a nurse, who had taken a fatal dose of opium for the purpose of committing suicide. Mistaking her symptoms for those of hysteria, he prescribed an additional opiate, which hastened the fatal result. Upon her death he was so chagrined at his failure to recognize the indications of opium that he immediately went to a bath-room and killed himself by opening the femoral artery. He was highly esteemed.

The Homœopathsists on Hypodermic Injection.

The "Homœopathic Academy of Medicine" of Chicago, recently passed the following resolution:—

"Resolved, That we, the Chicago Academy of Homœopathic Physicians and Surgeons, in view of serious and often fatal results from the hypodermic injections of morphine and other drugs, denounce this method as being unnatural, barbarous, and highly dangerous."

This appreciation of the therapeutic means in question is characteristic.

The American Ambulance.

At a late meeting of the Paris Academy of Sciences several important communications were made. Dr. Evans, of Paris, sent in a *resumé* of the surgical operations which had been performed during the siege of Paris in the American ambulances. It is well known in Paris that this ambulance was organized under tents, and that it proved remarkably successful.

Philanthropic Physicians.

In one of the wards in this city, a large number of the physicians have tendered to the Relief Association their professional services to the poor, and the druggists have agreed to fill prescriptions given by these physicians to indigent persons without charge.

Dr. Robert W. Smith.

This distinguished Surgeon died at Dublin, Oct. 28. He was Professor of Surgery at the University of Dublin, and had a wide reputation far beyond the limits of his own country, as a gentleman of very considerable surgical skill. His work on *Fractures and Dislocations* is a standard one, and his contributions to surgery at the Pathological Society of Dublin, of which he was secretary, were numerous and of considerable interest. He also published several excellent monographs in the *Dublin Quarterly Journal*, and other medical periodicals.

Parisian Lectures.

The following courses, among others, are delivered in Paris this winter:—

Robin on "Tissues and Anatomical Systems in the healthy and morbid state." Dr. Loralin, who is to inaugurate his teaching in the Chair of the History of Medicine and Surgery, has adopted for his first maiden lectures the following subjects: "On Methods of Observation in Ancient and Modern Times," "Origin and Modes of Propagation of certain Epidemic Diseases," "Medical Geography." Clinical Medicine will be taught as usual in the hospitals, by Professors Bouillaud, Sée, Béhier, and Lassègue, and Clinical Surgery by Professors Richet, Goselin, Verneuil, and Broca.

Personal.

—Mrs. H. C. L. Hopkins, M. D., late resident physician of the Bedford street Mission Hospital and Dispensary, upon leaving that Institution recently, was presented by the Board of Managers with \$250, and a resolution was unanimously passed appreciative of her valuable services.

—The death of two eminent Parisian medical men is announced. Dr. Matice, friend and medical coadjutor of the late M. Nélaton, was Physician to the Hôpital Beaujon. He took his degree in 1846. The other, the Baron Jules Pelletan, was Honorary Physician to the Charité Hospital. He took his degree in 1831.

—Dr. Hoffman, of Reading, lately received from the German Government a silver medal, about the size of a silver half dollar, attached by a ring to the "non-combatant" ribbon, of the German colors, black, white and red. This medal is in consideration of the services of Dr. Hoffman during the Franco-Prussian war.

—Sir Henry Holland left a large estate. Its annual income is estimated at \$45,000.

—The position of medical adviser to the tribe of Tulare Indians, in California, is vacant. The late incumbent had intrusted to his care a number of sick Indians, all of whom, unfortunately, died, upon which a grand council was held, and the medicine man was condemned to death and promptly executed.

—English beer is not always worth fifty cents a bottle. Dr. Lowe says, the "impurities" consist of fusil oil and tobacco juice, in addition to the common fraud of a large proportion of salt and a certain amount of alum.

—News has been received of the death at Quito, Ecuador, in June last, of Dr. William Jameson, an eminent naturalist, who resided for many years in Quito, as a professor of chemistry and botany in the university.

—A convicted murderer under sentence of death, in Georgia, has sold his body to a medical gentleman for \$10, which he has expended for toilet articles.

OBITUARY.

DR. WILMER WORTHINGTON.

At the stated meeting of the Chester County, Pa., Medical Society, held in West Chester, on Tuesday, October 23th, 1873, the following preamble and resolutions offered by Dr. Jacob Price, were unanimously adopted:—

WHEREAS, Since our last meeting it has pleased God to remove from a life of usefulness and honor, our esteemed colleague, Dr. Wilmer Worthington, and whilst we bow in all humility to the dispensation, we cannot avoid upon this occasion, giving expression to the sorrow his death has caused in the heart of every member. Therefore

Resolved, That this Society has heard with deep regret of the death of Dr. Wilmer Worthington, one of its founders, and through his long life, one of its most faithful and useful members.

Resolved, That in this event our Society has sustained a loss that cannot easily be replaced, and that the remembrance of his earnest and self-sacrificing devotion to the interests of science, of the medical profession and of humanity, should stimulate us to increased energy in the discharge of the duties that rest upon us as physicians and citizens.

Resolved, That this Society sympathize deeply with the family of the deceased in their great bereavement.

Resolved, That a committee be appointed to prepare a biographical notice of the deceased to be embodied in the transactions of the Medical Society of the State of Pennsylvania.

Resolved, That the Secretary be directed to furnish the family of Dr. Worthington with a copy of the foregoing resolutions, and also copies to each of the county papers, and the MEDICAL AND SURGICAL REPORTER, Philadelphia, for publication.

EPHRAIM HOPKINS, M. D., Sec. Sec'y.

QUERIES AND REPLIES.

Price Lists.

A correspondent suggests that we should publish regularly Price Lists of Drugs. This would occupy too much of our space, and would be more appropriate in pharmaceutical journals. We will cheerfully send Price Lists to subscribers when requested.

Galvanic Batteries.

Dr. E. F. A. of N. Y.—We recommend those manufactured by the Galvano Paradio Co. We can supply one if desired.

Asthma Relief.

Dr. A. S. K., of N. Y.—The preparation can be analyzed by chemists in this city. They charge from \$50 to \$100 for such an analysis.

Dr. A. E., Jr., of Kansas.—We can send you a pair of forceps for that sum.

Commutations.

"Do you still commute with Littell's Living Age?"

Reply.—We do. The REPORTER and Littell are \$12 a year.

MARRIAGES.

BUTCHER-NEILL.—In this city, Nov. 20, at Grace M. E. Church, Broad and Master streets, by the Rev. Bishop Simpson, Thomas S. Butcher, M. D., and Emma Josephine Neill, daughter of Rev. James Neill.

DILL-GEER.—At Plainfield, N. J., November 23th, by Rev. Kingston Goddard, D.D., Washington Dill and Mary S., daughter of the late Seth Geer, M. D.

GRAFFY-KNORR.—In this city, November 13th, at St. John's P. E. Church, by the Rev. Charles Logan, assisted by Rev. G. A. Crook, D. Webster Graffy and Kate K., daughter of John K. Knorr, M. D.

HUMPHREY-BOARDMAN.—In Cornish, N. H., Nov. 15th, by Rev. B. F. Spaulding, Willard W. Humphrey and Miss Edna L., youngest daughter of Dr. E. Boardman, all of Cornish.

MACHESEY-GIBSON.—By Rev. J. T. Thompson, assisted by Rev. Byron Porter, on September 10th, at the home of the bride's parents, Dr. W. B. Maccheseay, of Chicago, Ill., and Miss Annie A. Gibson, of Elderton, Armstrong Co., Pa.

MOORHEAD-GREEN.—In New York, on November 20th, at the residence of the bride's parents, by Rev. Hugh H. Blair, James Moorhead, M. D., and Martha, daughter of Robert Green, Esq., all of that city.

SWIFT-BURTON.—In Manchester, Vt., November 11th, by Rev. H. S. Cushman, Dr. George H. Swift and Miss Ella A. Burton, second daughter of Hon. E. B. Burton.

WALKER-WOOD.—On November 13th, 1873, at the residence of M. Pileher, Esq., in New Orleans, by the Rev. C. W. Hilton, Mr. Edward M. Walker and Miss Katie Wood, only daughter of Dr. W. B. Wood, of Franklin, La.

DEATHS.

COAD.—In this city, November 28th, Mrs. Lidy R. Coad, widow of the late Dr. Joseph R. Coad.

FAIRLAMB.—In this city, November 24th, after a short illness, Mary K., wife of Dr. George W. Fairlamb.

FRISHMUTH.—In this city, November 21st, Henrietta, wife of Dr. Jacob Frishmuth, in the 31st year of her age.

GILBERT.—At Fultonville, N. Y., November 17th, at the residence of her father, Dr. T. Burton, Marcia B., wife of Wm. L. Gilbert, of Brooklyn.

GUERNSEY.—At the residence of his son, in Amelia, N. Y., November 26th, Peter B. Guernsey, M. D.

HEARD.—At Newburg, N. Y., Nov. 21st, Catharine C., wife of Dr. John S. Heard.

STILLWELL.—In New York, November 26th, 1873, J. E. Stillwell, M. D., aged 60 years.